

County of York Treasurer's Office Smart Pay

Electronic Debit Authorization Form for Utility Bills

Utility Account Number											
Name(s)											
Service Address											
Mailing Address											
Home Phone Number	()	-								
Work Phone Number	()	-				()	-		
Fax Number (optional)	()	-				()	-		
Email Address (optional)											
Financial Institution											
Bank Account Number											
Withdraw from	Ch	ecking	(Attac	h a voide	ed check	k bea	ring tl	he banı	k accou	— Int numl	ber above)
	Sa	vings	(Attac	ch a voide	ed depos	sit sli	p with	the ba	ank acc	ount nu	mber above
I authorize the Financial Institution list Virginia and post them to my account.				ON AGR automati			eques	sts fron	n the C	ounty o	f York,
I am aware that my account will be de a copy of my bill for my records.	bited (on the	date th	e Utility b	oill is du	e, an	d tha	t I will	still con	itinue to	receive a
I understand that, if at any time, I decin writing 14 days prior to the schedule			aw this a	authoriza	ation, I n	eed (only t	o notify	y the Co	ounty of	f York
I also understand that if I change or cl contact the County of York Treasurer's			ount at t	he financ	cial insti	tutior	n liste	d abov	/e, I mu	ıst imme	ediately
I understand and agree that any mista as specified in this agreement, or ame of the undersigned.										-	
I understand and agree that I am resp will be assessed for each debit that is "Account Closed".											
I have read and understand the rights	and o	bligatio	ons outl	ined in th	nis agre	emer	nt.				
Signature(s)											